



# The Examiner

## Naval Hospital Twentynine Palms

*"Serving with Pride and Professionalism"*

Volume 7, No. 4

An Award Winning Publication

April 1999

## Surgeon General of the Navy Pays Visit to Hospital

**O**n March 5, Vice Admiral Richard A. Nelson, MC, USN, Surgeon General of the Navy paid a courtesy visit to the Marine Corps Air Ground Combat Center.

During his stay at Twentynine Palms VADM Nelson took the opportunity to eat breakfast and chat with the Hospital Corps Chief Petty Officers of the Marine Corps Air Ground Combat Center (MCAGCC) and the hospital.

In his remarks the Surgeon General spoke of his philosophy of where Navy Medicine is today. "If we do our prevention well enough, then we'd keep people from getting sick and going to the hospitals. We are coming closer to that now," said VADM Nelson. "Our real push now is Health Promotion on the front end. We need to see what the lifestyles folks have that we can intercede with to prevent illness... such as smoking cessation classes, anthrax vaccinations, immunizations for our children and other prevention programs. We have to pay attention to the things that are easy to do and are cheap in preventing illness," he said. "We have to show our patients that we are checking on them before they come to see us after they are sick," he added.

The Surgeon General touched on the importance of Health Promotion because of the effects of downsizing and the Navy's need to work smarter. "We are hurting for manpower. Everytime we get a guy on the medical list we've got a job going undone... we can't afford that. It is up to you and I to keep these guys healthy... to keep checking on them so they can stay as healthy as they can be for as long as they can be," he said. "It's a continuum of care, you have to look at the

patients not as an individual illness, but as a whole person, whole life. If we can do this then we will be seeing our patients at the right level of care," said VADM Nelson.

After breakfast the Surgeon General paid a courtesy call on Commander Bixlar, DC, USN, Commanding Officer of 23rd Dental Company at the Combat Center. He then visited with Brigadier General Stanley, USMC, Commanding General of MCAGCC.

Following his visit with the General, he headed back to the hospital where he enjoyed a buffet lunch with medical officers from both the hospital and greenside where the general topic of conversation was wellness programs, TRICARE and how it effects readiness and the status of residency programs for Medical Corps Officers.

During the afternoon VADM Nelson was given a computerized presentation on the hospital and its strategic planning by Commander William Mock, NC, USN, Head, Management Information Department. This



Vice Admiral Richard A. Nelson, MC, USN

Please see VISIT on page 11

## Permanent Decon Shower Installed

**N**aval Hospital Twentynine Palms will soon have a decontamination shower located just outside the Emergency Room (ER) entrance to the Emergency Medicine Department. According to Jack Burns, the hospital's safety manager, "The concept of this decon shower is not original it came from an article from an east/national coast publication (I have forgotten which). But, this may be the first one in Southern California And maybe the first one on the West Coast."

Mr. Burns said, "We needed to build this because our ER had no capability and runoff either went into the ER door or down the storm drain. We had a number of Marines arrive at the hospital contaminated with something, sometimes unknown and with other injuries. Each time, common sense dictated a decontamination of some sort and we had no ability to respond without contaminating our people or the ER. The Marine Corps Air Ground Com-

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*From the Desk of the CG...*

# Serving With Pride

For as long as I can remember, I have held those who wear our Nation's uniforms in the highest personal regard. My father, uncles, aunts, cousins, other close family members, and neighbors wore the uniforms of the Army, Air Force and Navy. I guess my daughter, Angela, must have picked up my vibes, because she ended up joining the Navy. I say vibes, because my wife and I didn't talk about the military very much...we just lived our lives in a manner that must have told her something about the ethos of wearing our Nation's uniform with pride.

Admittedly, I'm a little idealistic about serving my country with honor. I've tried hard not to lose touch with my roots, and especially my early experiences as a young Marine. Not all of my experiences have been good ones. Regardless, I filed those thoughts away with the intent to use both positive and negative experiences to continue my own personal growth while helping others.

Not forgetting the past has allowed me to see life in so many different ways. I see with crystal clarity the importance of recognizing the accomplishments of others and

the importance of helping people to realize their true potential. I can literally feel the essence of total strangers, all important, yet anonymous in their daily lives...except to those who know them well, or who care deeply for them. Precious cargo, as far as I'm concerned. Even those who are slightly bruised have much inner beauty—it is almost staggering to think about.

After almost 30 years of service, I find myself caring deeply about those with whom I serve. I love my Nation, even with its warts and blemishes. It's an honor to be able to serve, and to do so with no other motive than to simply serve.

I am a husband, a father, a relative, a friend, a Marine. There are times when I'm guilty of being more of a Marine, but I'm never void of these other important descriptions. There were no other officers in my family when I grew up...no big deal. No highfalutin status symbols about being an officer. Pride was expressed for our Army, Air Force and Navy enlisted family members. Most left after their initial service obligations...all served honorably, and enjoyed the respect and admiration of their



**BGen. C.L. Stanley, USMC**

families and friends because of who they were, not what they were. Let me explain: Who they were addressed their character, intellect, compassion, professionalism, work ethic, maturity, etc. What they were addresses things like rank, titles, jobs held, etc.

*Please see SERVING on page 10*

The **EXAMINER** Newsletter is an authorized publication of Naval Hospital, Twentynine Palms, CA 92278-8250. The views expressed in this publication are not necessarily those of the Department of the Navy.

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The **EXAMINER** welcomes your comments and suggestions concerning the newsletter. Deadline for submission of articles is the 15th of each month for the following month's issue. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk. The Public Affairs E-Mail address is: d.barber@tnp10.med.navy.mil. The Public Affairs Office telephone number is: DSN 957-2362, Comm (760) 830-2362, Fax: (760) 830-2385.

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The **EXAMINER** editor would like to thank all those who participated in this edition.

## Letters...

### Outstanding Staff

**Dear General Stanley,**

I want to take a moment to tell you how outstanding the staff is at Naval Hospital Twentynine Palms.

I recently had a medical emergency. I was fortunately already at the hospital for a routine appointment. As I was leaving the hospital I started experiencing breathing difficulties caused by a newly diagnosed rare disease. I went back in to the Pediatrics department as it was the closest clinic. The receptionist immediately responded to my distress and within seconds I was on a gurney and oxygen was being administered. The staff quickly identified the problem and started to get medicine that would help. I was then moved to the emergency room and my family was contacted. I was put on a respirator when it became apparent that I could not continue to breathe. I was subsequently medivac'd to Desert Hospital in Palm Springs where my condition could be treated

and monitored more thoroughly.

While I was a Desert Hospital in the ICU and then up in a regular room, I was checked on daily by the Naval Hospital staff. My primary care physician from the Naval Hospital called regularly and was called by the doctors at Desert Hospital to be kept informed of my progress.

My entire experience with the staff at the Naval Hospital was superb. Every person who came in contact with me was calm, professional and caring. While I hope that I never experience a similar medical crisis, I know that the Naval Hospital staff is up to any challenge that arises. I have always been happy with the treatment I have received at the hospital, but on that day it was made very clear to me how truly wonderful the staff is at Naval Hospital Twentynine Palms. I am very happy to be a part of the MCAGCC family.

*Sincerely,  
Suzanne Cipra*

*From the Desk of the XO...*

## The Success Story Continues...

**S**ince reporting aboard here as your Executive Officer, I have had the privilege of attending numerous award ceremonies honoring individuals as well as departmental and command-wide accomplishments.

It seems that we receive accolades from others almost on a weekly basis, whether it's a personal letter from a patient who was pleased with the care they received here, or a certificate signed by the Assistant Secretary of Defense for Health Affairs.

The latest kudo we've received is a Certificate of Appreciation, which is signed by Elizabeth Dole, President of the American Red Cross and Sue Richter, Vice President of the Armed Forces Emergency Services.

This Certificate of Appreciation to the hospital staff is from the Armed Forces Emergency Services, Southern Watch for the hospital's support of the American Red Cross mission and the staff deployed to Exercise Intrinsic Action 98-03, Camp Doha, Kuwait.

The hospital also recently received a plaque from Colonel Davis, Commanding Officer 8th Marines for our outstanding support of his highly successful Combined Arms Exercise for his Camp Lejeune Marines.

This is what we are all about... to support the medical readiness of our Marines and Sailors stationed at the Marine Corps Air Ground Combat Center and forward



**Captain Douglas H. Freer, MC, USN**

deployed to other exotic places in the world.

Each and everyone of you here at the

*Please see SUCCESS on page 10*

## National Medical Laboratory set for Week of April 11-16

**N**ational Medical Laboratory Week is a special time set aside to recognize medical laboratory professionals. It is a time of celebration for the approximately 165,000 medical laboratory professionals and 15,000 board certified pathologists who perform and interpret medical laboratory tests.

National Medical Laboratory Week recognizes the vital role these professionals play in every aspect of health care.

This year's theme of National Medical Laboratory Week is "Laboratory Professionals: Your Link Between Technology and Good Health." The theme focuses on the role of the laboratory professional and technology in good health and in the early detection, appropriate diagnosis and effective treatment of disease. Laboratory professionals are a critical link in the patient's health care safety net.

National Medical Laboratory Week has served as an opportunity for clinical laboratory professionals to step into the spotlight and educate others about the diversity and importance of medical laboratory work. Most patients and many hospital personnel do not understand the wide variety of services the laboratory offers them. The main contact the laboratory has with the patient is in the phlebotomy area and the main contact the laboratory has with hospital personnel is when specimens are dropped off; these areas are just the tip of the iceberg. Naval

Hospital Twentynine Palms' Laboratory offers a wide variety of disciplines; Clinical Chemistry; Special Chemistry; Immunology; Transfusion Services; Microbiology; Hematology; Coagulation; Serology; and Urinalysis; as well as acting as an intermediary when sending out referral specimens to reference laboratories.

The laboratory staff is comprised of one Pathologist, three Medical Technologists, eleven Advanced Laboratory Technicians,

four Phlebotomists and one Secretary.

The laboratory is open twenty-four hours a day, three hundred and sixty-five days a year, and the lab's small staff must insure that each test request by a health care provider is appropriately and expeditiously responded to with accurate, valid results.

During National Medical Laboratory Week, the laboratory will be providing several displays for both patients as well as hospital personnel to enjoy.

## Another Desert Rat...



**Christina Sloss receives her Desert Rat Certificate upon her departure from Naval Hospital Twentynine Palms.**

## Chaplain's Corner...

# Not Death, But Life

By Lieutenant Daniel Dudley, CHC, USNR  
Naval Hospital Chaplain

You have heard the statement that there are only two guarantees in this life, death and taxes. Well, the month of April is here, which means it's that time of the year were we square things up with the IRS. You may share the sentiments of the business man who was near death and asked that his remains be cremated and the ashes be mailed to the IRS with the following note attached: *Now you have it all!*

The month of April also celebrates an event, in the Christian churches, that deals with the issue of death as well. The event is Easter or Not Death, But Life Day.

**'...Jesus is the hope and promise of eternal life...'**

The Easter Bunny will offer colored eggs and chocolate goodies, but in Jesus is the hope and promise of eternal life. Death and life become more then just two words, concepts, or ideas. They describe a journey, pilgrimage, or a history embodied in the sac-

## Hail and Farewell...

### Welcome Aboard

|                     |                  |
|---------------------|------------------|
| HR J. Villa         | HA J. Poole      |
| HR S. Velma         | HN P. Henderson  |
| HA K. Ezomoghene    | HN E. Bunda      |
| HA R. Willis        | FC2 A. Star      |
| HA G. Saucedo       | HM3 A. Contreras |
| HR M. Whitzel       | HM2 K. Slaughter |
| HN N. Deluca        | HM3 S. Cerreta   |
| SK1 S. Oseguera     | HN G. Dumpit     |
| HMC R. Williams     | HN C. Holland    |
| HM3 J. O-Valenzuela | HR P. Bunmeema   |
| HM1 J. Morris       |                  |

### Farewell

|                  |                    |
|------------------|--------------------|
| LT L. Breir      | HM1 J. Suba        |
| HM1 F. Chapoco   | HM2 J. Walker      |
| HM3 T. Wilson    | HN T. James        |
| HM3 T. Glasscock | HM3 N. Slingerland |

rifice of our Lord on Easter morning when he rose from the dead. It was on that morning that, then and there, in him, it was finished. The mission was accomplished for Christ, and all that call upon Him. The sting of death was preempted with the hope of eternal life. Therefore, His Easter story is our history as well.

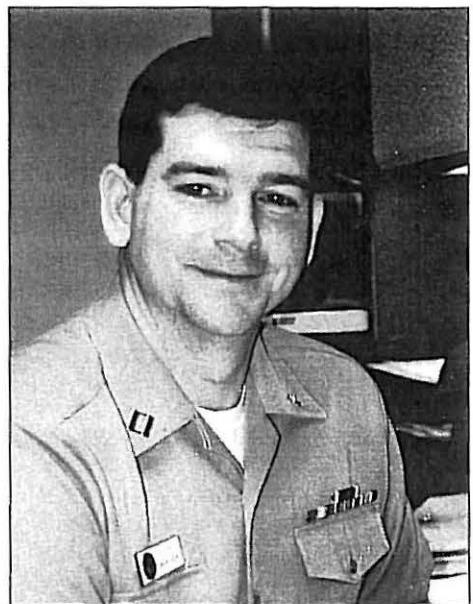
Because Jesus Christ was willing to make our history his own; because he took our sins upon himself; because he volunteered in our behalf to pocket the wages of sin; therefore the wages of our sin and death were paid in full on Easter morning with Christ's death and resurrection from the dead. God's free gift, eternal life, entered the world. The gift is wrapped in love and waiting for all to accept it.

I highly recommend you make your peace with the IRS this April. I would also strongly recommend that this Easter Season you would do a spiritual audit and make peace with your Creator. If you need assistance in preparing this spiritual assessment, contact me or I can put you in touch with a Chaplain of your particular faith discipline.

**Lieutenant Daniel Dudley**

tance in preparing this spiritual assessment, contact me or I can put you in touch with a Chaplain of your particular faith discipline.

Enjoy your colored eggs and jelly beans this year, but remember that Easter has a greater significance in life. Happy Easter or Not Death but Life Day!



## Retiree Dental Plan Premiums Drop

DP Delta, the Uniformed Services division of Delta Dental Plan of California, recently announced that annual premiums for the TRICARE Retiree Dental Program (TRDP) will fall this year by up to \$34 for full family coverage, beginning in February.

In February monthly rates dropped between 42 and 70 cents for single coverage, 89 cents and \$1.43 for two-person coverage and \$1.98 and \$2.85 for family coverage. Actual reductions over first-year rates depend on which of the five regions the subscriber lives in, based on his or her ZIP code. For the Morongo Basin, the rate drops are as follows: Single, 45 cents; two-person, \$1.01 and for a family, \$2.18.

The premium decrease follows a premium schedule accepted by the Department of Defense when Delta first bid on the five-year contract that began more than a year ago. The new rates reflect lower administrative costs for a program that now covers an estimated 400,000 Uniformed Service retirees and their family members. The premium schedule calls for a rate adjustment beginning each contract year.

"Premiums are based on the anticipated annual costs to Delta to administer the contract," said Lowell Daun, DDS, Delta Dental's senior vice president in charge of Delta's Federal Marketing Group. "With 400,000 of the 4.2 million eligibles now enrolled in the program, we've successfully achieved an economy of scale in accordance with our projections that lets us provide a modest price break in years two and three of the contract, followed by only modest increases for inflation in the final two years."

The premium decrease is not retroactive but was automatically applied in February to all TRDP members, including those who signed up for the program in its first

*Please see DENTAL on next page*

*Here's To Your Health...*

## April is Alcohol Awareness Month Social Drinking to Alcoholism

# *Crossing The Thin Line*

H ave you ever wondered how much drinking is too much? Social drinking is an accepted part of life, and it's hard to know when the thin line to alcoholism is crossed. There are many factors that play a role in alcohol addiction: genetic, psychological, social and environmental. If you have wondered about what the right amount of drinking is, looking at drinking patterns is important.

### **Defining Social Drinking**

What we call "social drinking" changes, depending on fads and fashions. Generally, social drinkers use alcohol to relax and increase good feelings. It's easy for them to limit drinking. Many people say they are social drinkers, and yet cannot imagine dinner or a bad day without alcohol. Some of these people are alcoholics. Some examples of social drinking: Martha and Tom generally have beer around the house. Between the two of them it takes a week to get through a six pack. Sharon enjoys a glass or two of wine when she has friends over for dinner. Bill tends to drink more frequently during the holiday season but rarely drinks during the rest of the year.

### **Crossing The Line**

It's often difficult for people to tell when they're crossing the line into dependency. Generally, you are crossing the line if you:

- use alcohol to help you get through painful situations or feelings;
- ever defend or hide your drinking;
- can't remember what happened after drinking a little too much;
- resent other people's advice who want you to drink less;
- drink alone;
- change in tolerance to alcohol.

### **If You're Concerned About Someone Else**

One way to evaluate someone else's drinking is to look at your own behavior. Do you make excuses for the drinker? Have you ever been asked to lie about his or her drinking? Ask yourself why, how often, and in what situations he or she drinks.

### **Look At Yourself**

If you've wondered about your own

drinking, look at yourself honestly. Ask yourself why, how often, and in what situations you drink. Think about the effects of your drinking on other people: your spouse, children, co-workers, and friends. Look at whether you drink more or less than others. Consider whether you've ever driven under the influence of alcohol. If you are still concerned about your own drinking or someone else's, call the Substance Abuse Counseling Center at 830-6376 for an evaluation on your needs.

## *DENTAL...*

*Continued from previous page*

year. The change does not affect the timing of the mandatory 24-month enrollment period, and will be implemented by the Defense Finance and Accounting Service (DFAS) and the Coast Guard and Public Health Service finance and Accounting offices, which are responsible for administering retired pay allotments for the major Uniformed Services branches.

Federal law mandates that Delta offer the TRICARE Retiree Dental Program throughout all five years of the contract with the same scope of benefits under established parameters (subject to modification only as authorized by the federal government). These include:

- A \$50 annual deductible and a \$1,000 annual program maximum, with preventive and diagnostic services not counted against the maximum.
- A mandatory two-year enrollment period (with no disenrollment allowed) and a four-month prepayment required at start-up before premiums are automatically deducted from retiree pay.
- Once hundred percent coverage for most preventive and diagnostic services and for emergency oral exams; 80 percent coverage for emergency palliative treatment and basic restorative services; and 60 percent coverage for drugs, extractions, endodontic, periodontic and oral surgery services.
- No coverage for orthodontia

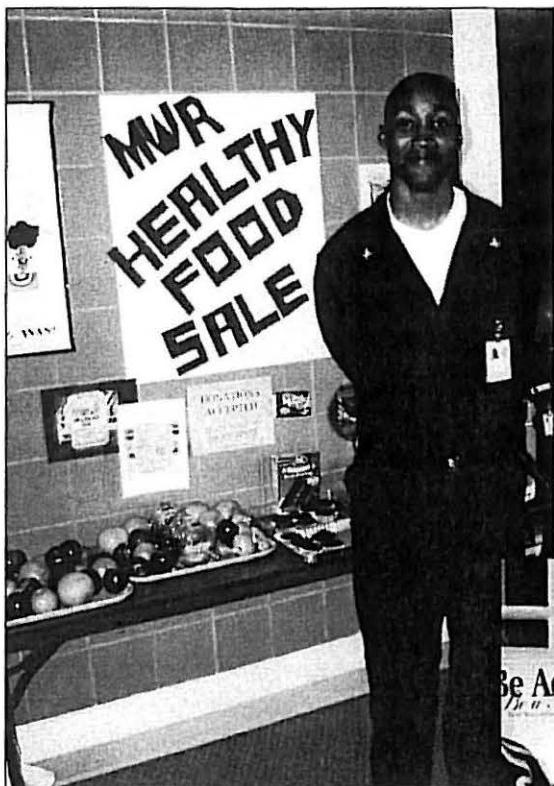
(braces), prosthodontics (bridges and dentures) and cast crowns.

Delta officials hope the lower fees for 1999 will trigger more interest in the retiree dental plan among the newest crop of Uniformed Services retirees, as well as among those who have thus far postponed their enrollment.

Program information, on-line enrollment and an on-line dentist directory are all available at Delta's Uniformed Services web site at [www.ddpdelta.org](http://www.ddpdelta.org). Enrollees can also submit customer service inquiries and download claim forms from this site. And, by entering their ZIP code, prospective and current enrollees can find out the exact premiums for their regions.

For those without Internet access, program information and enrollment services, as well as customer service, are available by telephone. For enrollment information, call toll-free 1-888-838-8737. For customer service, call 1-888-336-3260.

**Confused about your  
TRICARE benefits?  
Call 1-800-242-6788  
for information and help**

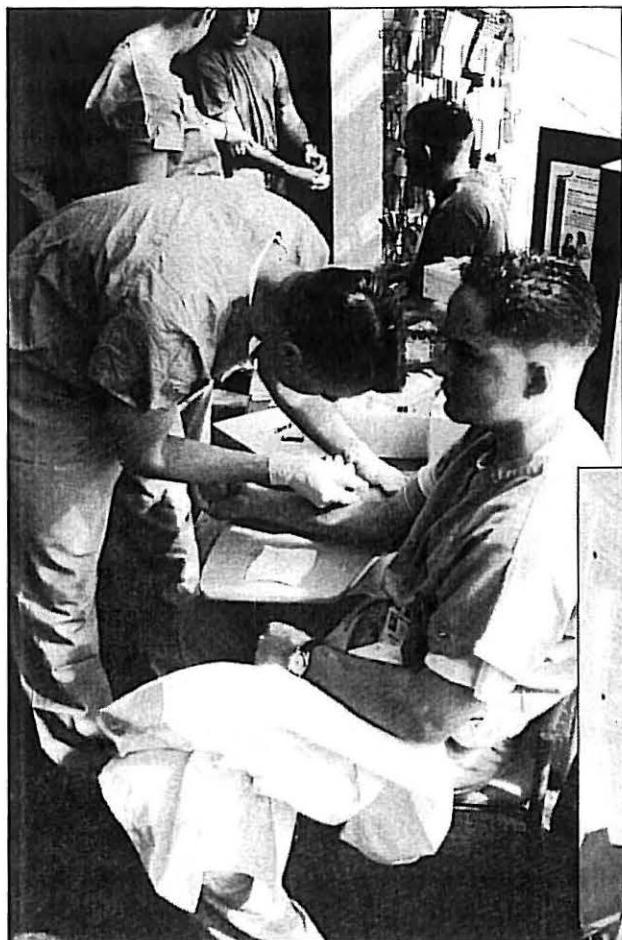


*Healthy food for sale,  
above. "Let me check your  
blood pressure, right.*

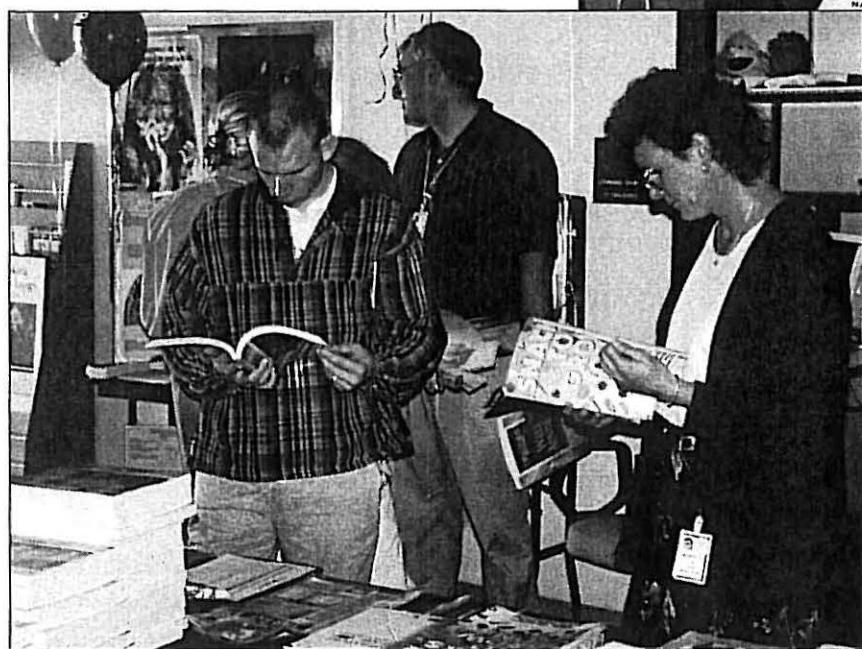
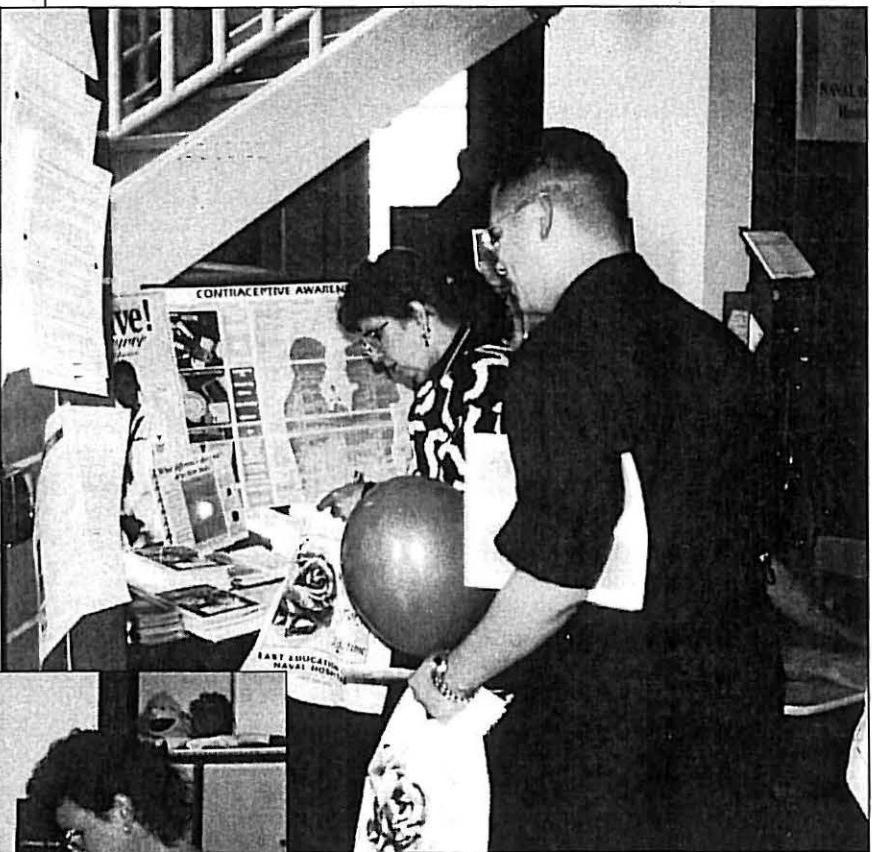
# *Health Promotions in a Health Fair at Naval Hospital Twentynine Palms*



*Friendly faces of Physical  
Therapy promise that it  
won't hurt... much, left.*



*Cholesterol Screening to the left. Cancer information below.*



*Good health literature, left.*

*Here's To Healthy Dining...*

# Snacking -- Why Not?

*By Elaine T. Grossman, M.S., R.D.  
Naval Hospital Dietitian*

Foods consumed between meals are generally termed "snacks." This immediately conjures up pictures of potato chips, candy bars, ice cream, and a host of other high fat, non-nutritive foods. If we say you should eat healthy snacks, then we think of celery sticks and carrot curls. The truth is that there is a whole world of great foods for snacks between celery sticks and potato chips.

But, before even discussing great snacks, I think it best to mention that some people do not eat, or even believe in, snacks. I see many people trying to follow a healthy food plan fall off of the wagon and eat it all by 1630. And, actually, this is appropriate for what just happened. For most people, their lunch is consumed at approximately the noon hour, and then, in approximately 3 hours they will be hungry from the average lunch. What to do? Well if a snack is not consumed at this time, it will be overconsumed later. Between about 1500 and 1630 the appetite continues to grow. At that time either overconsumption of a previously healthy snack take place and ruins the quality by consuming too much quantity, or, the person will wait until dinner time and then eat everything on their plate and also off the plate of the person sitting nearest to them.

For many people, and indeed those with children, T-Ball and other commitments keep of from getting to our evening meal until 1900 or later. Therefore, if we do not have an afternoon snack, healthy food consumption is GONE. Then, after eating it all, we manage to get ourselves over to the TV area and zone out – actually some of us have even been known to fall asleep with our fingers on the remote control. When you watch TV for one-half hour, your metabolism turns down about 14% (almost the same as when you are sleeping) and before you know it, this simple routine can easily cause 10 pounds to be gained without even trying. Hopefully, an afternoon snack can help prevent some overeating in the evening.

So now that we are convinced that we

really should snack, what's to eat? In addition to snacks being nutritious, they should

also fill your moods and cravings, and so that is just how I have listed them for you.

## Bored

Popcorn  
Pickles  
Carrots and raisins  
Breadsticks  
Green or Red Peppers  
Pretzels & Fat Free Carmel Dip  
Rice Cakes with Peanut Butter  
Rice Cakes with Peanut Butter

## Lonely

Low-Fat Ice Cream  
Non-Fat Yogurt (flavored)  
Banana or Mango  
Chicken Noodle Soup  
Low-Fat Cottage Cheese with  
Fruit  
Non-Fat Milk & Graham Crackers

## Thirsty

Water  
V-8 Juice  
Oranges  
Carbonated water with  
your favorite juice  
Watermelon  
Popsicle  
Peaches, Grapes or your favorite  
fruit

## Really Hungry

Low-fat Cheese Cubes with Fruit  
Yogurt and your Favorite Fruit  
Cereal and Milk  
Peanut Butter on Apple Slices  
Banana and Glass of Low-Fat  
Milk  
Cup of Hot Soup with Veggies &  
Crackers

## Just Some Nutrition Info to Whet Your Appetite

*By Elaine T. Grossman, M.S., R.D.  
Naval Hospital Dietitian*

### Not tonight -- I have a headache

Sometimes taking drugs to help control migraine and other headaches are just not enough. The positive steps you can take include avoiding some things which trigger migraines and headaches in the first place. This means improving your coping skills, and for most headache sufferers, increasing your exercise. Some foods are noted as possible stimulating factors to the onset of your migraine or terrible headache and you might try to avoid them for a while to see if the change makes a difference. These include alcohol, aged and processed cheese, sour cream, processed or cured meats, food additives (e.g., meat tenderizers, MSG, soy sauce, and yeast extracts), chicken livers, peanut products, homemade yeast bread and homemade yogurt, chocolate, and caffeine-containing beverages (several a day). Just because it isn't listed here does not mean that a certain food are not triggering your migraine or major headache. If your throbbing

head problems are triggered by foods, you might be able to find it yourself. Start a journal and see if you can find that food which appears in your diet every time you have a headache.

**The rich get richer, the poor get poorer, the thin get thinner, but the obese have to work very hard at gaining weight**

I had to read the article over several times, but there it was all wrapped up in lots of scientific talk. The bottom line are that yes, you will gain weight more rapidly with a specified portion of food if you are thin rather than if you are overweight. HOWEVER, the major difference are that the obese person will gain fat and the thin person will gain lean body mass. (We knew that.)

**What are you giving up for those alcohol calories in your diet?... Nothing!**

At least so say 92 people in their 7-day

*Please see APPETITE on next page*

# Lifescan Blood Glucose Monitors Recalled

A manufacturer of blood glucose monitors has announced that it is recalling and will replace some of its home blood glucose meters because of possible malfunctions.

The malfunctions could cause users to fail to recognize seriously high blood glucose levels. This failure could cause serious health consequences, including hospitalization-and even death.

Lifescan, Inc., a subsidiary of Johnson & Johnson, announced the recall of its SureStep home glucose meters that were manufactured before August 1997, because the meters may give an incorrect reading when a patient's blood glucose is very high.

The meters may wrongly give an "ER1" (Error 1) message instead of a "HI" (high) message if the user's blood glucose level is dangerously high (500 mg/dL or greater). Such a level is dangerous if not recognized and treated, and could result in hospitalization or death.

All SureStep blood glucose meters whose serial numbers begin with L6000 through L7205, and meters with serial numbers L7206-GA-00001 through L7206-GA-01128, should be replaced. The serial numbers can be found on the back of the meter. Lifescan, Inc., will replace any SureStep meter manufactured before August 1997 free of charge, with a new meter. TRICARE-eligible persons who have these monitors should call Lifescan's 24-hour, toll-free customer service line at 1-800-951-7226, to arrange for replacement, or to get further information.

Also, the meter was designed to emit an audible tone when the test strip is inserted. A user may misinterpret this tone as an indication that the test strip was completely and properly inserted in the meter. When the test strip is not completely and properly inserted, an "inadequate test strip insertion problem" (ISIP) occurs. This defect has resulted in the meter displaying a false low reading, which could cause the patient to alter his/her insulin intake and/or diet when such alterations may not be necessary. Lifescan claims it minimized the ISIP with a test strip modification that was effective around March 1998. The elongated blood sample area can identify newer test strips.

Diabetics who use these SureStep blood glucose monitors should not stop testing their blood sugar levels. Diabetics should continue to test with these meters until they

can get a replacement, as long as they remember that an "ER1" message can mean a very high level of blood sugar, and that the ISIP problem causes false low readings.

If users get an "ER1" message, Lifescan suggested that patients use the visual color change indicator to see if their blood sugar is too high. Users should compare the blue color dot on the test strip to the color chart on the test strip bottle, to check that the meter is working properly. However, Lifescan emphasized: "DO NOT use the Visual Backup color chart as a replacement for a SureStep meter test." If the dot on the strip is as dark as, or darker than the darkest oval on the color chart, it indicates very high blood sugar. Any user who gets such a result should contact a health care professional immediately.

Again-TRICARE-eligible persons who use the monitors and test strips described above should make sure to get replacements from the manufacturer. The Department of Defense's inspector general (DOD-IG) asks any individual users of the SureStep or SureStep Pro glucose monitoring meters who have personal knowledge of, or experience with, either the ER 1 message or the ISIP, to contact the Defense Criminal Investigative Service (DCIS)—the investigative arm of the DOD-IG.

SureStep meter users should e-mail their personal experiences to DCIS at the following DOD Hotline e-mail address:

[hotline@ dodig.osd.mil](mailto:hotline@ dodig.osd.mil). Those who want to provide information on their experiences with the ER 1 message and/or the ISIP should include: (1) the patient's name; (2) the meter operator's name; (3) their conventional and electronic mailing addresses; (4) telephone numbers where both the patient and operator can be contacted; (5) the SureStep meter model name and serial number; (6) specific information regarding the error messages; and (7) whether the patient was hospitalized after experiencing meter problems.

The DOD Hotline provides confidentiality for persons who want to remain anonymous. Persons whose identity does not need to be withheld from DCIS should indicate that they don't need confidentiality in their e-mail to the Hotline.

DCIS wants only information that reflects problems experienced with the ER 1 message or the ISIP—whether or not they resulted in hospitalization. E-mails should be brief and concise. Persons who want to speak to an agent should call DCIS at (510) 637-2965 between 8 a.m. and 4:30 p.m., Pacific Standard Time.

In addition to the e-mail address, the DOD Hotline for fraud, waste and abuse reporting can be reached toll-free, at 1-800-424-9098. Or, write to:

Defense Hotline, The Pentagon, Washington, DC, 20301-1900.

## APPETITE...

*Continued from previous page*

food journals. Alcohol appears to add calories to the diet rather than replace other foods during moderate consumption of the drink. Alcohol intake was also associated with increasing the length of the meal and, sometimes, added many unregulated calories. As we always thought, a moderate drink can indeed stimulate the appetite. Remember, one light beer, one ounce of hard liquor or 3 to 4 ounces of wine becomes two teaspoons of fat in your daily intake within 22 minutes of consuming your favorite alcoholic beverage. For those of you who have been to my office, remember the good news. You can work it off! Alcohol can be used as an energy source if you start exercising within those first 22 minutes. So either take your favorite partner dancing or go face the challenges of the Lake Bandini track after you have had that beer.

(Did I really say that?)

**Who says exercise kills your appetite?... Skinny people do -- that's who**

Eighteen women were working out in this study. Surprisingly some ran for the frozen yogurt and some did not. Results of the study demonstrated for the first time that food intake is reduced immediately after strenuous exercise in non-obese women, but not in obese women. (Again, Mother Nature got it backwards.) Moderate exercise did not decrease the appetite of anyone. The good news is obvious - keep on exercising and once you have lost your weight then increase your exercise program and it will be easy to keep the weight off.

## **DECON...**

*Continued from page 1*

bat Center (MCAGCC) Fire Department was very helpful, but by the time they were able to establish their portable equipment, precious time had elapsed without medical attention for the patients."

This external fixed facility was the hospital's response to the safety needs of patients and staff.

The Decontamination (decon) shower facility should be completed within two months. Construction has already begun. When completed, it will belong to the ER department. The final Standard Operating Procedures (SOP) for use and care of the facility have not yet been written. The writing of procedures will have to include the Emergency Medicine Department, Combat Center Fire Department, Industrial Hygienist, Safety, Bio terrorist, Nuclear Biological Chemical (NBC), Hazardous Material (HAZMAT), Naval Regulatory Environmental Agency (NREA) and Chemical Warfare inputs. The SOP will probably become a living document with many changes in the first few years.

LCDR Kathryn Gift  
(k.gift@tnp10.med.navy.mil) (760-830-2086) will be the officer responsible for the decon shower. She will also probably maintain the SOP.

LT Todd Davis  
(t.davis@tnp10.med.navy.mil) (760-830-2395) Facilities Engineer or Mr. Pat Dougherty  
(p.dougherty@tnp10.med.navy.mil) (760-830-2395) Facilities Manager have detailed project information or specifications.



*Work begins on the hospital's newest addition, the Decontamination Shower.*

The decon shower basics are as follows:

- This is a separate building, outside the ER.
- It is explosion proof with lighting and ventilation.
- It has a large holding sump (over 150 gal.) for retaining runoff, but can be released to the sanitary sewer system or pumped-off after identification or neutralization.
- It has hot and cold running water.
- It has large double, non-reactive doors; big enough to roll two stretchers into at one time.
- It has a roof to reduce rain inclusion.
- It has a fine grated floor to reduce debris.
- The concrete will be epoxy coated to reduce leaching.
- It is in a drive-up location.
- The interior is an easily cleaned coating.

"Generally, we expect conscious capable patients to enter the shower, strip and shower while waiting for the Fire Department Hazmat team to arrive and verify and/or assist with final decon. Their general medical condition could be assessed from outside the shower without exposing the provider to contact until gross decon and possible final decon had been accomplished. We are trying to avoid Hazardous Waste Operation and Emergency Response (HAZWOPER) certifying and Hazmat equipping our ER staff," said Mr. Burns. "Unconscious patients are more of a problem. We expect the FD Hazmat folks to do most of the decon work. Their response time is very good and the delay for equipment set-up has been eliminated," he added.

## **SERVING...**

*Continued from page 2*

As I was growing up, I considered myself truly blessed to be around people who put a premium on "who" we were. They didn't care if I drove an expensive car, an old clunker, or no car at all. Even graduating from college was a subset to having solid character.

Our Nation holds us to the highest standards of conduct and professionalism, and rightly so. They look at what we are...members of the armed forces, and expect us to serve honorably. They expect us to conduct ourselves in a manner always befitting the uniforms that we wear. They expect more from us, because we have taken an oath "to uphold and defend the Constitution of the United States against all enemies, foreign and domestic...so help (us) God."

All of us took the oath—no exceptions. The American people see what we are and impute the highest expectations to ensure that what we are is in sync with who we are. They place a premium on who we are. They expect that be in sync with what we are.

## **SUCCESS...**

*Continued from page 3*

hospital can take pride in all of the honors this command receives, because we wouldn't receive this recognition if it weren't for you...the hard charging professionals assigned to the Naval Hospital and the Branch Medical Clinic, China Lake. Whether your job entails caring for patients or performing administrative tasks, everyone at this command is responsible for the high regard that others hold for this hospital.

Just last month we were honored again, but this time with a visit from the Surgeon General of the Navy, Vice Admiral Richard A. Nelson, MC, USN. During this visit the Surgeon General was very impressed with our people and facilities. He stated, "Visiting Twentynine Palms feels like coming home because I visited here quite a bit when I was the Lead Agent for Region Nine."

Bravo Zulu.

*Tired of paying high annual deductibles? Call 1-800-242-6788 for information about deductible-free health care under TRICARE Prime.*

# VISIT...

*Continued from page 1*

presentation was followed by a tour of the hospital where staff members were given the opportunity to meet the Navy's Surgeon General.

VADM Nelson is no stranger to Naval Hospital Twentynine Palms. While assigned as Commander, Naval Medical Center San Diego, California from 1993-98, Admiral Nelson also served as the Lead Agent of TRICARE Region Nine, which this hospital has played an active part in. In 1994, five of the eight committees for TRICARE Region Nine were chaired by Naval Hospital Twentynine Palms staff members.

Vice Admiral Nelson's biography reads as follows:

"Vice Admiral Nelson became the thirty-third Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery on June 29, 1998.

A native of Perkins, Oklahoma, Admiral Nelson received a Bachelor of Science degree from Oklahoma State University and a doctor of medicine degree from the University of Oklahoma. He did his internship at Baptist Memorial Hospital, Oklahoma City,

and a residency in occupational medicine at the University of Cincinnati.

After entering the Navy in 1967, he spent a short time at Naval Hospital, Corpus Christi, Texas, then served as senior medical officer at the Naval Ammunition Depot, McAlester, Oklahoma. He also served as a medical officer at Naval Hospital, Bremerton, Washington, and Head of the Occupational Medicine Branch, Bureau of Medicine and Surgery in Washington, DC.

After an assignment with the Navy Environmental Health Center in Cincinnati, Ohio, he returned to Bremerton as the Director of Occupational and Environmental Health Services and Fleet Liaison Team coordinator for the Naval Regional Medical Center. Other concurrent assignments in Bremerton included Head of the Medical Department while the Naval Submarine Base, Bangor, Washington was being commissioned, and Medical Department Head at Puget Sound Naval Shipyard.

His other assignments include commanding officer of the Navy Environmental Health Center in Norfolk, Virginia; Director, Occupational Health and Preventive

Medicine Division, and the Deputy Commander for Fleet Readiness and Support at the Naval Medical Command in Washington, DC; and Director of the Health Care Review Division for the Naval Inspector General in Washington, DC.

From 1989-91 he served as Commanding Officer, Naval Hospital, Bremerton. In 1991 he returned to Norfolk where he had three concurrent assignments as Fleet Surgeon, U.S. Atlantic Fleet; Command Surgeon, U. S. Atlantic Command, and Medical Advisor, Supreme Allied Command Atlantic. While assigned as Commander, Naval Medical Center San Diego, California from 1993-98, Admiral Nelson also was the Lead Agent of TRICARE Region Nine.

He is certified in Occupational Medicine by the American Board of Preventive Medicine and is a member of the American College of Occupational and Environmental Medicine and the Association of Military Surgeons of the United States. His personal awards include the Distinguished Service Medal, Defense Superior Service Medal, Legion of Merit (three awards), Meritorious Service Medal and the Navy Achievement Medal."



*LT Michelle Kruse, below, receives her Desert Rat Certificate from Captain J.M. Huber, Commanding Officer, Naval Hospital.*



*CDR Carrie Mock, NC, USN, above, proudly shows off her new shoulder boards at her recent promotion ceremony*



*Captain Huber, left, presents certificates to Military Sick Call which names them in the top 10 percent of DoD for Medical Care and Customer Service.*

# Reenlistments...



*HM3 Laura Nay of the hospital's PACU takes the oath of enlistment.*



*HMCM Robert Betti, left, the hospital's Command Master Chief takes the oath of enlistment.*

*MS2 Robert Bueno, right, of the hospital's Food Services Department takes the oath of enlistment.*



*HM1 Ferdinand Chapoco, above, of the hospital's Laboratory Department takes the oath of enlistment.*

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